

# FOSTER CARE REVIEW BOARD PROGRAM

## Member Application

**Per 1989 PA 74 Sec. 5(1), "A local board shall be composed of five members who reside within the jurisdiction of the local board, and who represent to the maximum extent possible the socio-economic, racial, and ethnic groups residing within that jurisdiction." You are asked to provide information on your age, sex, ethnic origin, and socio-economic status which will be used to achieve this blend and for no other reason. No person employed by the juvenile court, Family Independence Agency, or private child placement agency may serve on a local board.**

Full Name (include Maiden) \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_ (W) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Occupation \_\_\_\_\_

If employed, place of employment \_\_\_\_\_

Total family income from previous year

☐ less than \$14,999

☐ \$50,000 to \$99,999

☐ \$15,000 to \$49,999

☐ \$100,000 and over

Are you currently a foster parent? \_\_\_\_\_

Please describe any connection to or experience with the child welfare system \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational Background

**School**

**Major**

**Degree Conferred**

\_\_\_\_\_

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\_\_\_\_\_

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**Community Involvement** (e.g. church work, civic organizations, political parties, boards, commissions, etc.)  
Please highlight any areas where you have served in leadership capacities. (attach extra page if necessary)

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Please describe any advocacy efforts in which you have been involved

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The board will meet approximately one weekday per month from 8:30 a.m. to 5:00 p.m. Would you be available at this time? \_\_\_\_\_

In addition, board members will be asked to participate in advocacy efforts which may occasionally involve four to six extra hours per month. Are you able to participate in these activities? \_\_\_\_\_

Why do you wish to serve? (attach extra page if needed)

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References (List name, **complete** address, zip code, and telephone number)  
(References reviewed by the State Court Administrative Office are confidential)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

If available, please attach a current resume. (Optional)

**I UNDERSTAND THAT MY APPLICATION DOES NOT ENSURE APPOINTMENT TO A REVIEW BOARD. FURTHER, I UNDERSTAND THAT I WILL BE CALLED UPON TO ATTEND ALL REVIEWS OF MY BOARD IF APPOINTED. FINALLY, I AGREE TO ATTEND ORIENTATION AND ONGOING TRAINING AS LONG AS I SERVE ON A REVIEW BOARD.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return Applications and  
Criminal Record Check Form To:**

Foster Care Review Board Program  
Michigan Hall of Justice  
925 West Ottawa Street  
P.O. Box 30048  
Lansing, Michigan 48909  
(517) 373-1956  
FAX (517) 373-8922

Foster Care Review Board Program  
Cadillac Building  
3034 W. Grand Blvd., Ste. 8-400  
Detroit, MI 48202  
(313) 972-3280  
FAX (313) 972-3289

Foster Care Review Board Program  
Gaylord Office  
P.O. Box 9  
Gaylord, Michigan 49734  
(989) 732-0494  
FAX (989) 731-4538